## PART B - FEE(S) TRANSMITTAL

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| VENABLE LLP P.O. BOX 34385 WASHINGTON, DC 20045-9998  SEP 0 6 7005 SEP 0    |   |  |  |  | Fee(s) Transmittal. This certificate cannot be used for any other accompar papers. Each additional paper, such as an assignment or formal drawing. |  |   |  |  |
| VENABLE LLP P.O. BOX 34385 WASHINGTON, DC 20045-9998  SEP 0 6 100  APPLICATION NO. FILING DATE  FIRST NAMED INVENTOR  APPLICATION METHOD AND A DEVICE FOR VOLTAGE MEASUREMENT IN A HIGH-VOLTAGE CONDUCTOR  APPLICATION METHOD AND A DEVICE FOR VOLTAGE MEASUREMENT IN A HIGH-VOLTAGE CONDUCTOR  APPLICATION FILING SHALL ENTITY  SSUB FRE  FUBLICATION FEE  TOTAL FEE(S) DUE  DATE DUE  nonprovisional  NO \$1400  \$300  \$1700  99/07/2006  EXAMINER  ART UNIT  CLASS-SUBCLASS  DOLE, TIMOTHY J. 2858  324-645800  Change of correspondence address or indication of "Fee Address" (37 CA)  Address form FTO/SB/12/2 attached.  (1) the aunes of up to 3 registered attent attorneys or agently and the anaexe of up to 2 registered fluxney or agently and the anaexe of up to 2 registered fluxney or agently and the anaexe of up to 2 registered fluxney or agently and the anaexe of up to 2 registered fluxney or agently and the anaexe of up to 2 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 3 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently and the anaexe of up to 5 registered fluxney or agently  | 26694 73  | 590 06/07/2006   | OIPE   |  |  |  |   |  |  |
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| WASHINGTON, DC 20045-9998  SEP 0 6 7000  APPLICATION NO. FILING DATE PIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/539,278  0.0/02/2006 Morgan Adolfson 43315-219384 2482  TITLE OF INVENTION: METHOD AND A DEVICE FOR VOLTAGE MEASUREMENT IN A HIGH-VOLTAGE CONDUCTOR  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/07/2006  EXAMINER ART UNIT CLASS-SUBCLASS  DOLE, TIMOTHY J 2858 324-58000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53)  CRIT. (23)  CRIT. (24)  CRIT. (25)  DOLE, TIMOTHY J 2858 324-58000  1. Change of correspondence address or change of Correspondence Address for Indication (or "Fee Address" Indication form PTO/SB/1/27) analoged and the same of up to 3 registered patent attorneys or agents (31 Alternative), but the same of up to 3 registered patent attorneys or agents (31 Alternative). The Complete is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLASS NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordations as set for SIGNEE Address for The PATENT (print or type)  PLASS NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordations as set for SIGNEE Address for The PATENT (print or type)  PLASS NOTE: Unless an assignce or is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordations as set for SIGNEE Address for Filing an assignment. (CITY and STATE OR COUNTRY)  V3Sterås, SWEDEN 89/87/2686 INERREI 98080131 288651 18539278  9 (1) PESISONE PATENT OF THE PATENT (print or type)  10 Payment of Fee(s):  11 Individual PATENT AND COUNTRY (Print or Type)  12 Payment of Fee(s):  13 Payment of Fee(s):  14 Payment of Fee(s):  15 Payment of Fee(s):  16 Payment of the Cou |   |  | /  | <b>\&amp;</b> \                                    | States Postal Service  | with sufficient postage for fi   | rst class mail in an envel                            |  |  |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/539,278 02/02/2006 Mergan Adolfision 43315-219384 2482  TITLE OF INVENTION: METHOD AND A DEVICE FOR VOLTAGE MEASUREMENT IN A HIGH-VOLTAGE CONDUCTOR  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/07/2006  EXAMINER ART UNIT CLASS-SUBCLASS  DOLE, TIMOTHY J 2858 324-658000  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change of correspondence address or indication of "Fee Address" (37 CR 1.35).  Change in FOOSBUT29 attached.  Cyl the name of up to 3 registered patent attorneys or agents OR, alternatively.  2. For printing on the patent front page, list  (1) the name of up to 3 registered patent attorneys or agents OR, alternatively.  2. See printing on the patent front page, list  (2) the name of up to 3 registered patent attorneys or agents OR, alternatively.  2. See printing on the patent front page, list  (2) the name of up to 3 registered patent attorneys or agents OR, alternatively.  2. See printing on the patent front page, list  (3) the name of up to 3 registered patent attorneys or agents OR, alternatively.  2. See printing on the patent front page, list  (3) the name of up to 3 registered patent attorneys or agents OR, alternatively.  2. See printing on the patent front page, list  (3) the name of u |   | DC 20045-9998  | CEP 0 6 20   | 06   | addressed to the Mar   | 11 Stop 1880E FEE address<br>PTO (571) 273-2885, on the                      | s above, or being tacsin<br>date indicated below.     |  |  |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/539/278 02/02/2006 Morgan Adolfssoon 43315-219384 2482  TITLE OF INVENTION: METHOD AND A DEVICE FOR VOLTAGE MEASUREMENT IN A HIGH-VOLTAGE CONDUCTOR  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 69/07/2006  EXAMINER ART UNIT CLASS-SUBCLASS  DOLE, TIMOTHY 1 2858 324-658000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,35).  CR 1,353).  2. For printing on the patent front page, list (2) the names of up to 3 registered patent attorneys or agents. If no name is 1000 per 1 |   | ,  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                 | Æ)   |  |  | (Depositor's nas                                      |  |  |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/539/278 02/02/2006 Morgan Adolfssoon 43315-219384 2482  TITLE OF INVENTION: METHOD AND A DEVICE FOR VOLTAGE MEASUREMENT IN A HIGH-VOLTAGE CONDUCTOR  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 69/07/2006  EXAMINER ART UNIT CLASS-SUBCLASS  DOLE, TIMOTHY 1 2858 324-658000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,35).  CR 1,353).  2. For printing on the patent front page, list (2) the names of up to 3 registered patent attorneys or agents. If no name is 1000 per 1 |   |  | TETRABENE  |  |  |  | (Signat)  |  |  |
| International Content   Inte      |   |  |  |  |  |  | (D.   |  |  |
| APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/07/2006  EXAMINER ART UNIT CLASS-SUBCLASS  DOLE, TIMOTHY J 2858 324-658000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.50).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent, If an assignce is identified below, the document has been filed recordston as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  ABB AB  Västerås, SWEDEN  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Västerås, SWEDEN  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Västerås, SWEDEN  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Västerås, SWEDEN  (B) Peyment of Fec(s):  (B) Lisue Fee  (B) Publication Fee (No small entity discount permitted)  (C) Advance Order: # of Copies  4b. Peyment of Fec(s):  (C) The amount of the fee(s) is enclosed.  (B) Peyment of Fec(s):  (B) Peyment of Fec(s):  (C) Advance Order: # of Copies  (B) Peyment of Fec(s):  (B) Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  (C) Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  (C) Actual the applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  (C) Actual the applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  (C) Peyment by credit cand. Form PTO-2038 is attached.  (C) Peyment by credit cand. Form PTO-2039 is attached.  (C) Peyment by credit cand. Form PTO-2039 is attached.  (C) Peyment by credit cand. Form PTO-2039 is attached.  (C) Peyment by credit cand. Form PTO-2039 is attached.  (C) Peyment by credit cand. Form PTO-2039 is attached.  (C) Peyment by credit cand. Form PTO-2039 is attached.  (C) Peyment by credit | APPLICATION NO.   | FILING DATE  |  | FIRST NAME   | ED INVENTOR  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.                                      |  |  |
| APPIN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/07/2006  EXAMINER ART UNIT CLASS-SUBCLASS  DOLE, TIMOTHY J 2858 324-658000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.53).  — Change of correspondence address (or Change of Correspondence Address' (37 CPR 1.53).  — "Fee Address" indication (or "Fee Address" Indication form F10/SIM/1/22) attached.  — "Fee Address" indication (or "Fee Address" Indication form F10/SIM/1/22) attached.  — "Fee Address" indication for "Fee Address" Indication form F10/SIM/1/22) attached.  — "Total Fee (30 or more recent) attached. Use of a Customer P10/SIM/1/24 fee of a Customer  | 10/539,278  | 02/02/2006   |  | Morgan .   | Adolfsson  | 43315-219384 2482  |   |  |  |
| Dole Timothy   2858   324-658000  | TITLE OF INVENTION: N   | AETHOD AND A DEVICE  | FOR VOLTAGE N  | MEASUREM   | IENT IN A HIGH-VOLTAGE (   | CONDUCTOR  |   |  |  |
| DOLE, TIMOTHY J  2858  324-658000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).    Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.   Tee Address from PTO/SB/122) attached. Use of a Customer Number is required.   Tee Address from pto a fee Address indication form Pto/SB/122 attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASS NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  ABB AB    OBSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   Västerås, SWEDEN   09/67/2686 HBERHE1   06880131 220261   18539278   | APPLN. TYPE   | SMALL ENTITY   | ISSUE F  | EE   | PUBLICATION FEE  | TOTAL FEE(S) DUE   | DATE DUE  |  |  |
| DOLE, TIMOTHY J 2858 324-658000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Address from PTO/SB/122) attached.  The Address from ETO/SB/122 attached.  The ETO/SB/122 attached.  T    | nonprovisional  | nonprovisional NO  |  | 0  | \$300  | \$1700   | 09/07/2006  |  |  |
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| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address' Indication form PTO/SB/122) attached.  The Address' indication (or "Fee Address" Indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment.  (A) NAME OF ASSIGNEE  ABB AB  BI FC:1581 1488,88 BA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Pto Schoparation of Schopara    | DOLE, TI  | DOLE, TIMOTHY J  |  |  | 324-658000   |  |   |  |  |
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| "Fee Address" indication (or "Fee Address" Indication form PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Västerås, SWEDEN 99/67/2006 fileERHEI 96080131 220261 16539278  91 FC:1581 1488.88 DA  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual FEE Superment    4a. The following fee(s) are enclosed:   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment       | Change of correspondence address (or Change of Correspondence   |  |  | or agents OR, alternatively,                       |  |  |   |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ABB AB  Vasteras, SWEDEN  99/67/2066 (BBERHE1 00000131 220261 16539278  16539278  16539278  1761 1409.90 DA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Completion of the patent of the p    | "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome. |  |  | registered   | attorney or agent) and the nam   | nember a   |   |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ABB AB  Vasteras, SWEDEN  99/67/2066 (BBERHE1 00000131 220261 16539278  16539278  16539278  1761 1409.90 DA  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Completion of the patent of the p    | 3. ASSIGNEE NAME AND  | RESIDENCE DATA TO E  | E PRINTED ON   | THE PATENT   | T (print or type)  | ······································                                       |   |  |  |
| (A) NAME OF ASSIGNEE  ABB AB  Västerås, SWEDEN  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Västerås, SWEDEN  (C) 16539278  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Västerås, SWEDEN  (C) 16539278  (D) 160800131 220261 16539278  (E) 160800131 220261 16539278  (D) 160800131 220261 16539278  (E) 1608000131 220261 16539278  (E) 160800000000000000000000000000000000000  |   |  |  |  |  | nee is identified below, the o   | locument has been filed                               |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Technology of the group entity Government of Fec(s):  4b. Payment of Fec(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).  Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  |   |  |  |  |  |  |   |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Total Popporation of the patent of Popporation of the Po    | ABB AB  |  | • ,  | Västerås,  |  |  | 20261 10539278  |  |  |
| Issue Fee   A check in the amount of the fee(s) is enclosed.   Any deficiencies   | Please check the appropriate  | assignee category or catego  | ries (will not be pr                                   | inted on the p                                     |  |  | oup entity Governme                                   |  |  |
| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies   | 4a. The following fee(s) are  | enclosed:  | 46   | . Payment of                                       | Fec(s):  |  |   |  |  |
| Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   |   |  |  |  |  |  | iancias   |  |  |
| Deposit Account Number 22-0261 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Date  Date  Date  17. 134  |   |  |  | Payment by credit card. Form P10-2038 is attached. |  |  |   |  |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Date Date Translation 37 134  | Advance Order - # of  | f Copies   | · ·  | The Direct Deposit A                               | ctor is hereby authorized by cha<br>Account Number   | rge the required fee(s), or cre<br>(enclose an ext                           | edit any overpayment, to ra copy of this form).       |  |  |
| Authorized Signature  Date  Prior I. Franklin  Trademark Office.  Date  37.134  | a. Applicant claims Si  | MALL ENTITY status. See  | 37 CFR 1.27.   |  |  |  |   |  |  |
| Authorized Signature Date 9606  | The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the reco                                     | is requested to apply the Issuablication Fee (if required) words of the United States Pate | e Fee and Publicate vill not be accepted and Trademark | tion Fee (if and from anyone Office.               | ny) or to re-apply any previously<br>e other than the applicant; a regi  | y paid issue fee to the applications or to a stored attorney or agent; or to | ation identified above.<br>he assignee or other party |  |  |
| Typed or printed name Eric J. Franklin Registration No. 37,134  | Authorized Signature and Authorized Signature   |  |  | Date   |  |  |   |  |  |
|   | Typed or printed name Eric J. Franklin  |  |  |  | Registration N   | do. 37,134   |   |  |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proce an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, a submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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| Effective on 12062004.   Application Section 2016 and propryprieties Act, 2005 pft.R. 4819.   Application Number   10/539,275-Conf. #2482   Filing Date   February 2, 2006   Filing Date   February   | My Under the Cal  | work Reduction A      | ct of 1995.  | no person are re    | acuired to   | U.S. Paten          | t and Trade         | mark Office; U.S. Di | EPARTMENT O | F COMMERCE       |
|---|---|-----------------------|--------------|---------------------|--|---------------------|---------------------|----------------------|-------------|------------------|
| FEE TRANSMITTAL FOR FY 2005  Applicant of the Consolidated Appropriations Act, 2005 (AR. 4816). FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (5) 1,700,000  Attorney Docket No. 43315-219384  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name Venable LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below See See See See See See See See See Se  |   |                       |              |                     | respond to a collection of information unless it displays a valid OMB control nur<br>Complete if Known |                     |                     |                      |             |                  |
| FEE TRANSMITTAL FOR FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (s) 1,700.00   Attorney Docket No.   43315-219384  |   |                       |              |                     |  |                     |                     |                      |             |                  |
| FOR FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   An Unit   2858   | FFF TRANSMITTAL   |                       |              |                     |  |                     |                     | 006                  |             |                  |
| Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 1,700.00  Attorney Docket No. 43315-219384  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):    Deposit Account Papeal Account Number, 22-0261 Deposit Number of India Claims Paid for Number, 22-0261 Deposit Number of India Claims Paid for Number, 22-0261 Deposit Number of India Claims Paid for Number, 22-026   | '   |                       |              |                     |  | First Named In      | ventor              | Morgan Adolf         | sson et al. |                  |
| METHOD OF PAYMENT (check all that apply)  |   | FOFFY                 | 2005         | <u> </u>            |  |                     |                     |                      |             |                  |
| Check   | Applican  | t claims small entity | status. S    | ee 37 CFR 1.2       | 7  | Art Unit            |                     | 2858                 |             |                  |
| Check Credit Card Money Order Opensit Account Name Other (please identify):    X   Deposit Account Deposit Account Name   Deposit Account Name   Venable LLP  | TOTAL AMOU  | NT OF PAYMEN          | Т (          | \$) 1,700.0         | 0  | Attorney Docket     | No.                 | 43315-21938          | 4           |                  |
| Total Caluma   Deposit Account Number:   Z2-0261   Deposit Account Name:   Venable LLP  | METHOD OF   | PAYMENT (ch           | eck all th   | at apply)           |  | <u> </u>            |                     |                      |             |                  |
| Total California   Personait Account Number   22-0261   Deposit Account Name   Venable LLP  |   |                       |              |                     | No   | ne Other            | (nlease ide         | entify):             |             |                  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   |   |                       | ш            | •                   |  |                     | (p.case rae         | ···                  | LP          |                  |
| Charge fee(s) indicated below  Charge any additional fee(s) or underpayment of Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayment of Charge fee(s) index 37 GFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  Small Entity  Application Type  Fee (\$) |   |                       |              |                     |  |                     | ed to: (ch          | eck all that anniv   | Λ           |                  |
| Tee(s)   under 37 CFR 1.16 and 1.17   |   |                       | -            |                     | nector is  | <u> </u>            | •                   |                      | •           | e filing fee     |
| FEE CALCULATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   Fee                  |   |                       |              |                     | ment of  | x Credit            | any over            | payments             |             |                  |
| Search   S  |   |                       | -R 1.16 a    | ind 1.17            |  |                     |                     | <u> </u>             |             |                  |
| Pilling File   Pilling  |   |                       | DEXAM        | INATION EF          | FS   |                     |                     |                      |             |                  |
| Multiple dependent claims   Fee (\$)  | I DAGIO I ILIN  | o, ozakon, ak         |              |                     |  | ARCH FEES           | EXAM                | INATION FEES         | S           |                  |
| Utility   | <u>-</u>  | _                     | §            | Small Entity        |  | <b>Small Entity</b> |                     | Small Entity         |             |                  |
| Design   200   100   100   50   130   65  |   |                       |              |                     |  |                     |                     |                      | Fees P      | aid (\$)         |
| Plant   200   100   300   150   160   80  |   | _                     |              |                     |  |                     |                     |                      | -           |                  |
| Reissue   300   150   500   250   600   300   | _   |                       |              |                     |  |                     |                     |                      |             |                  |
| Provisional   200   100   0   0   0   0   0   0   0   |   |                       |              |                     |  |                     |                     |                      |             |                  |
| 2. EXCESS CLAIM FEES  Fee Obscription  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  |   | _                     |              |                     |  |                     |                     |                      |             |                  |
| Fee (5)   Fee   |   | _                     | 200          | 100                 | 0  | 0                   | 0                   | 0                    |             |                  |
| Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims   |   |                       |              |                     |  |                     |                     |                      |             |                  |
| Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1501 Utility issue fee  1,400.00  1504 Publication fee for early, voluntary, or normal 300.00  SUBMITTED BY  Signature  Registration No. (Attomey/Agent) 37,134 Telephone (202) 344-4936   |   |                       | oicenes)     |                     |  |                     |                     |                      |             |                  |
| Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$12.5 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Registration No. (Attomey/Agent)  Registration No. (Attomey/Agent)  Telephone  (202) 344-4936  |   | • •                   | •            | n Reissnes)         |  |                     |                     |                      |             |                  |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  -20 =   |   |                       | meraam       | g ixcissues)        |  |                     |                     |                      |             |                  |
| -20 = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  |   |                       | . F          | no (\$)             | Eag I  | Paid (\$)           | 1                   | Multiple Depart      |             | 100              |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  |   |                       |              |                     | 1001   |                     |                     |                      |             |                  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  |   |                       |              | eater than 20.      |  |                     | -                   | CC (4)               | 1001010     | 1                |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  | Indep. Claims   | Extra Claim           | s Fe         | ee (\$)             | Fee !  | Paid (\$)           |                     | <del></del> -        |             | _                |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  |   |                       |              |                     |  |                     |                     |                      |             |                  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   | •   |                       | laims paid i | for, if greater tha | n 3.   |                     | _                   | <del></del> -        |             | _                |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   |   |                       |              |                     |  |                     |                     |                      |             |                  |
| Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    -100 =   /50   (round up to a whole number) x   =  | listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                       |              |                     |  |                     |                     |                      |             |                  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00  1504 Publication fee for early, voluntary, or normal 300.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936   | sheets or fr  | action thereof. S     | ee 35 U.     | S.C. 41(a)(1)       | (G) and  | 37 CFR 1.16(s).     |                     |                      |             |                  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00  1504 Publication fee for early, voluntary, or normal 300.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936   | <u>Total Sheet</u>  |                       |              |                     | of each a  |                     |                     |                      | Fee F       | <u> aid (\$)</u> |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00  SUBMITTED BY Signature  Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936   | 4 OTHER FEE   |                       |              | /50                 |  | (round up to a wn   | ole numbe           | r) x                 | Fees        | Paid (\$)        |
| Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 300.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936   | Non-English   | Specification.        | \$130 fee    | (no small en        | titv disc  | ount)               |                     |                      | 1000        | 147              |
| SUBMITTED BY Signature  Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936   | Other (e.g.,  | late filing surcha    | rge). 15     | 01 Utility iss      | ue fee   |                     | 20/ Or D            | ormal                | •           |                  |
| Signature Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936   |   |                       | _10          | 27 I ubilcati       | OII 166  | o. carry, volunt    | ωι <b>γ, Ο</b> Ι ΙΙ | o                    |             |                  |
| (Attorney/Agent) 37, 134 Telepriorie (2027 344-4930   |   |                       | ()           | - ( )               |  | Registration No.    |                     |                      |             |                  |
| Name (Print/Type) Eric J. Franklin Date September 6, 2006   | Signature   | ant                   | W            | 4K()                |  |                     | 37,134              | 4 Telephone          |             |                  |
|   | Name (Print/Type)   | Eric J. Frankli       | n            |                     |  |                     | · .                 | Date                 | September   | 6, 2006          |